State of Idaho, Division of Medicaid

ADVAIR®

PRIOR AUTHORIZATION FORM

CONFIDENTIAL INFORMATION

Phone: 1-208-364-1829 One drug per form ONLY – Use black or blue ink **Fax: 1-208-364-1864**

Patient Name: _____ Medicaid ID#: _____ D.O.B.: _____

Prescriber Name: _____ State License #: _____ Specialty: _____

Prescriber Phone: _____ Prescriber Fax: _____

Pharmacy/Store#: Phone: Fax:

Advair® is approved for payment for eligible participants with a diagnosis of moderate persistent asthma or COPD associated with chronic bronchitis. Patient must have had an inadequate response to low to medium dose inhaled corticosteroid therapy, concurrent use of an inhaled short-acting beta2-agonist, and must not concurrently be receiving either fluticasone or salmeterol.

Participants with a current history of Advair® prior to February 1, 2007 will be grandfathered.

Medication Requested: **Strength *(please circle)***

- ☐ Advair Diskus® 100/50 250/50 500/50
- ☐ Advair HFA® 45/21 115/21 230/21

Diagnosis:

- ☐ COPD ICD-9 codes (*please circle one*): 491.xx, 492.xx, 493.2x, 496.xx
- ☐ Asthma ICD-9 codes (*please circle one*): 493.00, 493.01, 493.02

To ensure continuity of care, please make sure corresponding ICD-9 codes are submitted on professional office claims to Idaho Medicaid on a routine basis.

Indication Criteria:

- ☐ History of ≥ 1 inhaled corticosteroid claim in the last 60 days
  Medication: _____ Strength: _____ Dates of use: _____
- ☐ Concurrent use of short-acting beta2-agonist MDI or nebulizer in last 30 days
  Medication: _____ Strength: _____ Dates of use: _____
- ☐ History of fluticasone/salmeterol (Advair®) use before November 1, 2006
  Dates of use: _____

Other pertinent information for review:

Prescriber Signature: _____ **Date:** _____

By signing, the prescriber agrees that documentation of above indication and medical necessity is available for review by Idaho Medicaid in patient's current medical chart.

For Medicaid Office Use Only

Date: RPh: Tech: PA#:

Approved Denied Comments:

All current PA forms and criteria for use are available at: www.medicaidpharmacy.idaho.gov (PA Criteria & Forms)

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